

**REDHILL PRIMARY ACADEMY**

**Breakfast and After School Club**

**Expression of Interest Form**

**Breakfast and Afterschool Club:**  Main School Building

Please complete the form below and return it to the office. We will then add the information onto the waiting list and contact you when a place becomes available.

Name of child:…………………………………………………… Date requested:………………………

Teacher:……………………………………………………………. Year Group:…………………………….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Breakfast Club  |  |  |  |  |  |
| After School Club  |  |  |  |  |  |

**Medical Conditions/Dietary Requirements**: Please provide full details of any health issues and/or medical history that we should be aware of whilst caring for your child in Breakfast or After School Club.

**Please tick:**

 **Yes No Yes No**

Asthma: Hearing Difficulties:

 **Yes No Yes No**

Diabetes: Sight Problems:

 **Yes No Yes No**

Epilepsy: Wear Glasses:

 **Yes No Yes No**

Hay fever: Dietary Requirements:

 **Yes No Yes No**

Food Allergy: Eczema:

 **Yes**

Other: 

**If yes, please give details below, including information of any regular medication required:**

…………………………………………………………………………………………………………………………………………………………

Signed:……………………………………………… Print Name:…………………………………………………

Date:…………………………………………………. Relationship to Child:…………………………………..

**Office use only:** Date Form Received ……………………………